

<b>Case Number:</b>	CM14-0127784		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old male who reported an injury on 01/28/2008, the mechanism of injury was not provided. On 07/15/2014 the injured worker presented with constant severe pain of the hip rated at 6/10. Upon examination there was an antalgic gait and the injured worker ambulated with the use of a straight cane. The injured worker was limping and had tenderness through the bilateral hips. The diagnoses were injury of the hip and chronic lumbosacral strain. Current medications include chlorzoxazone, trazodone and Norco. The provider recommended chlorzoxazone, trazodone and Norco. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chlorzoxazone 550mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Page(s): 63.

**Decision rationale:** The request for Chlorzoxazone 550mg #30 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a

secondary line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The efficacy of the prior use of the medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted.

**Trazodone 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107-108.

**Decision rationale:** The request for Trazodone 50mg #30 is not medically necessary. The California MTUS state selective serotonin reuptake inhibitors are not recommended as treatment for chronic pain but may have a role in treating secondary depression. SSRI is a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain, and SSRIs have not been shown to be effective for low back pain. As the guidelines did not recommend SSRIs, trazodone will not be indicated as such. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted.